Division of Health Care Financing HCF 16006 (formerly DES 2001) (07/03)

## FOOD STAMP PROGRAM CHANGE REPORT

STATE OF WISCONSIN

Federal Law 7: CFR273.12(b)

(All household members are Elderly, Blind or Disabled)

If you receive Food Stamps, you must report any changes in your household composition (if anyone moves in or out of your household, if anyone gets married, becomes pregnant, or gives birth to a child), address, shelter cost, income, or employment status **within ten days.** If such a change has occurred, fill out this report and mail it or take it to the office shown in the box below, or contact your worker by telephone or in person about any changes. If this report does not provide enough room to document a change, attach a sheet of paper with the additional information written on it to this report.

| report   | •  | ament a change, attach a c     | meet of paper with the a                                    | additional information written on it to this |  |  |  |  |
|--|--|--------------------------------|---|--|--|--|--|--|
|  |  | (County Agency Address)        |   |  |  |  |  |  |
|  |  |                                |   |  |  |  |  |  |
| Your Name  |  | Case Number                    |   | Worker Name                                  |  |  |  |  |
| If you intentionally fail to report any changes or provide false information you may be fined, have to pay back any Food Stamp benefits you wrongfully received, be prosecuted, or all three.  You will be required to provide proof of any changes you report.  CHANGE IN EARNED INCOME   |  |                                |   |  |  |  |  |  |
|  |  |                                |   |  |  |  |  |  |
| NEW JOB  | nust report and verify ar<br>Name of person with new<br>Employer | ny new source of earned income | Rate of Pay \$ Hours per week How often paid First pay date | per hour                                     |  |  |  |  |
|  | IGE IN UNEARNED IN   | COME                           | ,   |  |  |  |  |  |
| <ul> <li>You must report any</li> <li>New source of unearned income,</li> <li>Change of more than \$100 per month in child support income, or</li> <li>Change of more than \$50 per month in other types of unearned income such as Worker's Compensation, Unemployment Insurance, Social Security or Veteran's benefits.</li> </ul> |  |                                |   |  |  |  |  |  |
| ¥  | Name of person receiving   | g unearned income              | Source of income  |  |  |  |  |  |
| CHANGE IN<br>JNEARNED INCOME   | Income change ☐ Yes  Date income changed                         | □ No                           | Monthly amount  |  |  |  |  |  |

| CHANGE IN ADDRESS AND RESULTING CHANGES IN SHELTER COSTS  |  |      |   |  |  |  |
|---|--|------|---|--|--|--|
| If you move, you must report your new address. When you move you must report any increase or decrease in your rent or mortgage payment, or utility bills (gas, electric, water, etc.).  |  |      |   |  |  |  |
|   | New address  |      | New telephone number                                      |  |  |  |
| CHANGE<br>IN ADDRESS  |  |      | Date of change  |  |  |  |
|   | Are you in subsidized housing? ☐ Yes ☐ No                          |      | New monthly mortgage amount                               |  |  |  |
| CHANGE IN RENT  | New monthly rent amount  |      | If not included in mortgage, list amount of: Property tax |  |  |  |
|   | Landlord name, address & phone number  List utilities you must pay |      | Insurance   |  |  |  |
|   |  |      | List utilities you must pay                               |  |  |  |
| CHANGE IN HOUSEHOLD COMPOSITION   |  |      |   |  |  |  |
| You must report if anyone:  |  |      |   |  |  |  |
| Name(s) Describe change   |  |      |   |  |  |  |
| Date of Birth D   |  | Date | ate of Change   |  |  |  |
| Social Security Number(s) (SSN)*  |  | Rela | Relationship to Head of Household                         |  |  |  |
| *Providing or applying for an SSN is voluntary; however any person who wants food stamp benefits but does not provide their SSN or apply for one, will not be eligible for benefits, pursuant to Federal Regulations 7CFR273.2(b)(4). |  |      |   |  |  |  |
| CHANGE IN CHILD SUPPORT PAYMENTS  |  |      |   |  |  |  |
| You must report any changes in the legal obligation of any household member to pay child support.   |  |      |   |  |  |  |
| Name of person court-ordered to pay child support   |  | Со   | ourt Order Number   |  |  |  |
| Amount of child support order   |  | Da   | Date of court order or date the order was changed         |  |  |  |

## **CHANGE IN ASSETS OR RESOURCES**

|  | or resources, only if the change causes the total cash and savings of everyone<br>Examples of assets or resources are cash on hand, checking and savings acco |  |  |  |  |  |
|--|---|--|--|--|--|--|
| Name of owner  | Type of asset or resource   |  |  |  |  |  |
| Describe what happened   |   |  |  |  |  |  |
| New value or amount  | Date of change  |  |  |  |  |  |
| OTHER CHANGES?   |   |  |  |  |  |  |
| Report any other changes which might affect your eligibility. Some examples of other changes include someone becoming disabled or recovering from a disability, someone dropping out of school, etc. Include the date of the change. |   |  |  |  |  |  |
| Do you expect that the changes reported on this form will remain the same next month?   Yes  No  |   |  |  |  |  |  |
| lf no, explain.  |   |  |  |  |  |  |
|  |   |  |  |  |  |  |

## **FOOD STAMP PENALTY WARNING**

Any member of your household who intentionally breaks any of the following rules can be barred from the Food Stamp Program for 12 months after the first violation, 24 months after the second violation or for first violation involving a controlled substance, and permanently for the third violation:

- Giving false information or hiding information to get or continue food stamp benefits,
- Trading, selling, or altering food stamp benefits,
- . Using food stamp benefits to buy non-food items, like alcohol or tobacco, or
- Using another person's food stamp benefits, identification cards or other documentation.

Depending upon the value of misused benefits, the individual can also be fined up to \$250,000, imprisoned up to 20 years, or both. A court can also bar an individual from the program for an additional 18 months. You will also be permanently disqualified if you are convicted of trafficking food stamp benefits of \$500 or more. You will be ineligible to participate for 10 years if you are found to have made a fraudulent statement or representation with respect to identity and residence in order to receive multiple benefits at the same time. Fleeing felons and probation/parole violators are ineligible for the program. The individual may also be subject to further prosecution under other applicable federal laws.

<u>Expenses</u>: I understand that expenses I report such as shelter, utility, child care, child support, or medical costs may affect the level of food stamp benefits my household receives. I understand that failure to report or verify an expense means that I do not want to receive a deduction for this expense.

Income Reduction: I understand that I am not required to report a reduction or loss of income; however, I may be entitled to a higher food stamp benefit if I do. I understand that as long as I do not report a reduction in my household's monthly income or the loss of any household income, that I will not receive any resulting increase in my food stamp benefit.

I understand there are penalties for hiding information or giving false information. I also understand I will have to pay back any benefits I receive because I don't fully report changes in my circumstances. I agree to provide proof of any changes, if asked to do so. My answers on this form are correct and complete to the best of my knowledge.

SSN information will be used for administration of the Food Stamp Program. Your SSN permits a computer check of your information with government agencies such as the Internal Revenue Service (IRS), Social Security Administration (SSA) and the Department of Workforce Development, as well as the School Lunch Program. Social Security numbers are also used to check the identity of household members and to verify income from such sources as employers, banks and other parties.

| SIGNATURE - Participant | Date Signed | Daytime Phone |  |
|-------------------------|-------------|---------------|--|
|                         |             | ( )           |  |